



Project Location: W/SMR-HA  
Client: WSMR  
Project Number: \_\_\_\_\_

## DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS

Date: 8/3/2012

Supervisor: BRADLEY DAVIS

SSHO: ALLISON JENNESS

General Project Activities Description: \_\_\_\_\_

GROUNDWATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: \_\_\_\_\_

(Supervisor)

Signature: \_\_\_\_\_

(Safety Representative)



Project Name: WSMR- HTA/0802

Project Number: \_\_\_\_\_

Completed By/Date: ALLISON JENNINGS  
8/3/2012Reviewed By/Date: BRAD DAVIS  
8/3/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information ( phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results			✓	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered ( competent person) <i>(kept w/Site Files)</i>			✓	
Hot Work permit <i>(kept w/Site Files)</i>			✓	
Permits (continued)				
Excavation safety ( competent person) <i>(kept w/Site Files)</i>			✓	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			✓	
Specialized Procedures				
Lockout/Tagout			✓	
Fall protection/ladder safety			✓	
Noise / Hearing protection available				
Areas posted or otherwise designated			✓	
Illumination			✓	
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>	✓			
Decontamination				
Personnel				
Equipment				

Comments: \_\_\_\_\_

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## Daily Safety and Health Report

Project Number: WSMZ - HTA/OBOD

Date: 8/3/2012

### Work Areas Checked

Primary Work Area (Base)	X	First Aid Kits (weekly)	X
Communications	X	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	X
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)	N/A	Crew 1	X
Fire Extinguishers (monthly)	X	Crew 2	N/A

### Daily Activities:

GROUNDWATER SAMPLING

Daily Tailgate Meeting (Time)

1000

### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1000	92	0-5	—	10
1200	97°	0-5	—	10

### Equipment Inspections:

E-LINE, BRAKE LINE, NITROGEN CYLINDERS, CONTROL BOX

### Levels of Protection:

LEVEL D

### Accidents/Incidents, Breaches of Procedure:

NONE

### Monitoring Results:

NONE

### Activities:

GROUNDWATER SAMPLING

### COMMENTS:

### Personnel on Site:

B. DAVIS	
A. JENNESS	

Personnel on Site:


Completed By: Allison Tenness Date 8-3-12



# TAILGATE SAFETY MEETING

Project Name/Number: WSMR-HTA/OBOD Date: 8 / 3 / 2012 Time: 1000  
Client: WSMR Address: \_\_\_\_\_  
Specific Location: WSMR-HTA/OBOD  
Work Activities: GROUNDWATER SAMPLING  
Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVENUE  
Hospital Phone Number: 6073-1138 Ambulance Phone Number: 911

## Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVE- ACID  
Physical Hazards: UNEVEN TERRAIN, LIFTING  
Protective Equipment/Clothing: LEVEL D  
Special Equipment: LOW-FLOW BLADDER, COMPRESSED NITROGEN GAS  
Other Safety Topic(s): UXO- EXPLOSIVES, WILDLIFE

## ATTENDEES

NAME PRINTED

SIGNATURE

ALLISON JENNINGS

ALLISON JENNINGS

BRADLEY DAVIS

Meeting conducted by:

ALLISON JENNINGS

Supervisor:

BRADLEY DAVIS

Manager:

# TAILGATE SAFETY MEETING

NAME PRINTED

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook or a sheet of stationery designed for writing. There is no handwriting or other markings on the page.

SIGNATURE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a set of legal pads. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.



Project Location: LSMR - HMA  
Client: LSMR  
Project Number: \_\_\_\_\_

## DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JEWESS

Date: 8/6/2012

Supervisor: BRAD DAVIS

SSHO: ALLISON JEWESS

General Project Activities Description: \_\_\_\_\_

GROUND WATER SAMPLING,

Safety conditions and/or deficiencies:

Corrective actions to be completed:

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Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis  
(Supervisor)

Signature: Adrian  
(Safety Representative)



Project Name: WISNR- HTA / OBOB

Project Number: \_\_\_\_\_

Completed By/Date: ALISON JENNESS  
8/6/2012Reviewed By/Date: BRAD DAVIS  
8/6/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information ( phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results			✓	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	



Subject	Yes	No	N/A	Comment
Hand / Face wash	<input checked="" type="checkbox"/>			
Permits				
Confined spaces entered ( competent person) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Hot Work permit <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Permits (continued)				
Excavation safety ( competent person) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Specialized Procedures				
Lockout/Tagout			<input checked="" type="checkbox"/>	
Fall protection/ladder safety			<input checked="" type="checkbox"/>	
Noise / Hearing protection available			<input checked="" type="checkbox"/>	
Areas posted or otherwise designated			<input checked="" type="checkbox"/>	
Illumination			<input checked="" type="checkbox"/>	
PPE Designated and in use			<input checked="" type="checkbox"/>	
Equipment Inspections <i>(kept w/Site Files)</i>	<input checked="" type="checkbox"/>			
Decontamination				
Personnel				
Equipment				

Comments: \_\_\_\_\_

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## Daily Safety and Health Report

Project Number: WSMZ-HTA/080D

Date: 8/6/2012

### Work Areas Checked

Primary Work Area (Base)	X	First Aid Kits (weekly)	X
Communications	X	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	X
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)	N/A	Crew 1	X
Fire Extinguishers (monthly)	X	Crew 2	N/A

### Daily Activities:

GROUND WATER SAMPLING

### Daily Tailgate Meeting (Time)

0930

### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1000	85°	0-5MPH	—	0-10%
1200	90°	0-5MPH	—	0-10%
1400	97°	0-5	—	0-10

### Equipment Inspections:

E-LINE, BRAKE LINES, NITROGEN CYLINDERS, CONTROL BOX

### Levels of Protection:

LEVEL D

### Accidents/Incidents, Breaches of Procedure:

NONE

### Monitoring Results:

NONE

### Activities:

GROUND WATER SAMPLING

### COMMENTS:

### Personnel on Site:

B. DAVIS	
A. JENNESS	

Personnel on Site:


Completed By: Allison Jensen Date 8/6/2012



# TAILGATE SAFETY MEETING

Project Name/Number: WSMR-HA/OBOD Date: 8/6/2012 Time: 0930  
Client: WSMR Address: \_\_\_\_\_  
Specific Location: WSMR-HA/OBOD  
Work Activities: GROUNDWATER SAMPLING  
Hospital Name/Address: McAfee Bldg 530, Rock Island Avenue  
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

## Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVE-ACID  
Physical Hazards: UNEVEN TERRAIN, LIFTING  
Protective Equipment/Clothing: LEVEL D  
Special Equipment: LOW-FLOW BLADDER, COMPRESSED NITROGEN GAS  
Other Safety Topic(s): UXO-EXPLOSIVES, WILDLIFE

## ATTENDEES

NAME PRINTED

ALISON JENNESS  
BRADLEY DAVIS

SIGNATURE

Alison Jenness  
Bradley Davis

Meeting conducted by:

ALISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

# TAILGATE SAFETY MEETING

NAME PRINTED

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SIGNATURE

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# TAILGATE SAFETY MEETING

Project Name/Number: WSMR-~~HTA~~/OBOD Date: 8/7/2012 Time: 0830

Client: WSMR Address: \_\_\_\_\_

Specific Location: WSMR-~~HTA~~/OBOD

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE, BLDG 530, ROCK ISLAND AVENUE

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

## Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVES-ACID

Physical Hazards: UNEVEN TERRAIN, LIFTING

Protective Equipment/Clothing: LEVEL D

Special Equipment: LOW FLOW BLADDER, NITROGEN GAS-COMPRESSED

Other Safety Topic(s): UXO-EXPLOSIVES, WILDLIFE

## ATTENDEES

NAME PRINTED

ALISON JENNESS

BRADLEY DAVIS

SIGNATURE

[Signature]

Byt-Dan

Meeting conducted by:

ALISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

## NAME PRINTED

SIGNATURE

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Project Location: WSMR - HTA  
Client: WSMR  
Project Number: \_\_\_\_\_

## DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNES

Date: 8/7/2012

Supervisor: BRAD DAVIS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis  
(Supervisor)

Signature: [Signature]  
(Safety Representative)



Project Name: WSMR - HTA/OBOD

Project Number: \_\_\_\_\_

Completed By/Date: Alyson Jenness  
8/7/2012Reviewed By/Date: Brad Davis  
8/7/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information ( phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results			✓	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	

Subject	Yes	No	N/A	Comment
Hand / Face wash	<input checked="" type="checkbox"/>			
Permits				
Confined spaces entered ( competent person) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Hot Work permit <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Permits (continued)				
Excavation safety ( competent person) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Specialized Procedures				
Lockout/Tagout			<input checked="" type="checkbox"/>	
Fall protection/ladder safety			<input checked="" type="checkbox"/>	
Noise / Hearing protection available			<input checked="" type="checkbox"/>	
Areas posted or otherwise designated			<input checked="" type="checkbox"/>	
Illumination			<input checked="" type="checkbox"/>	
PPE Designated and in use	<input checked="" type="checkbox"/>			
Equipment Inspections <i>(kept w/Site Files)</i>	<input checked="" type="checkbox"/>			
Decontamination				
Personnel				
Equipment				

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Daily Safety and Health Report

Project Number: WSMR- HTA/0607D

Date: 8/7/2012

### Work Areas Checked

Primary Work Area (Base)	X	First Aid Kits (weekly)	X
Communications	X	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	X
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)	N/A	Crew 1	X
Fire Extinguishers (monthly)	x	Crew 2	N/A

### Daily Activities:

GROUNDWATER SAMPLING

### Daily Tailgate Meeting (Time)

0830

### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0830	82°	0-5 MPH	—	0-10%
1200	93°	0-5 MPH	—	0-10%

### Equipment Inspections:

E-LINE, BRAKE LINE, NITROGEN CYLINDERS, CONTROL BOX

### Levels of Protection:

LEVEL D

### Accidents/Incidents, Breaches of Procedure:

NONE

### Monitoring Results:

NONE

### Activities:

GROUND WATER SAMPLING

### COMMENTS:

### Personnel on Site:

B. DAVIS	
A. JENNESS	

Personnel on Site:


Completed By: A. Jenness Date 8-7-12